

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.52)</small>		Attorney Docket No. 202240USU
First Inventor or Application Identifier Motoyuki NAKAMURA, et al.		
Title	ANALGESIC AGENT	
Assignee Name: SEIWA PHARMACEUTICALS, LTD.		
Assignee Address: 12-15, SHIBADAIMON 1-CHOME, MINATO-KU, TOKYO-TO, JAPAN		

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<p>1. Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. Specification Total Sheets 21</p> <p>3. Drawing(s) (35 U.S.C. 113) Total Sheets 2 (Formals)</p> <p>4. Oath or Declaration Total Pages <input type="text"/></p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation / divisional w/ box 16 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification or Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> Paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>	ACCOMPANYING APPLICATION PARTS <p>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard</p> <p>14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(1) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>16. <input checked="" type="checkbox"/> Other: Notice of Priority, List of Inventors' Names and Addresses</p>

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP)
of application Serial No. Filed on

☐ Which was published in English

☐ Which was not published in English

☐ This application claims priority of provisional application Serial No. Filed

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Motoyuki NAKAMURA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: ANALGESIC AGENT

jc997 U.S. PTO
09/765425
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FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	6 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	× \$80 =	\$0.00
■ MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$270.00
■ LATE FILING OF DECLARATION			+ \$130 =	\$130.00
BASIC FEE				\$710.00
TOTAL OF ABOVE CALCULATIONS				\$1,110.00
□ REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
□ FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
□ RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$1,110.00

- ☐ Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$1,110.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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